

Department of Workforce Services/Department of Health SELF-EMPLOYMENT INFORMATION SHEET										
Self Employed Person							Case #:			
Business Name:							Soc. Sec #:			
Month of:				20		Number of hours worked this month:				
1.	Is your business incorporated?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If yes, do you own stock?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Do you file taxes as an 'S' Corp.?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2.	Are you sole owner of your business (If yes, go to #3)						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Is your business a partnership?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Are you a limited partner?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	What is your percentage of ownership?								%	
3.	Does your business involve rental/lease income?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
4.	How long have you been doing business?								Years	
	Are you involved in the day to day decisions of your business?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Do you consider yourself actively engaged in your business?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5.	Is your business in your home?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If yes, what percentage of your home is regularly & exclusively used for business								%	
	Is your business a day care?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If yes, what percentage of your home is used for day care?								%	
6.	Do you use a vehicle in your business?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If yes, is it used only for business?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If no, what percentage is used for business?								%	
7.	Do you have a separate business phone?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
8.	Do you have separate business checking or savings account? (provide copy)						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
The above is a correct statement of my self-employment information.										
Customer Signature:								Date:		
(COMPLETE FORM 452A TO LIST INCOME & EXPENSES.)										

Department of Workforce Services\Health SELF-EMPLOYMENT LEDGER SHEET							
Self Employed Person				Case #		Month of	
Business Name					Hours worked this month		
Please complete both Part A and Part B.							
PART A...INCOME RECEIVED: Please list all income received from your business in the above month. Entries can be made by jobs completed, money received, sales and commissions received, daily cash receipts, etc. You must prove your gross income by bringing in your books, ledgers, vouchers or other proof. Any barter & exchange must be reported as part of your income. List name of payee.				PART B...BUSINESS EXPENSE: Please list all our business expenses. Business expenses are the cost of doing business. They do not include personal expenses such as income taxes, lunches, driving to & from work. Allowable expenses include labor cost(not family members), stock, rent, supplies, raw material, business taxes, and utilities. Bring in receipts, canceled checks or other proof of business expense. Must be paid to be allowed.			
Date Rec.	Income Received	Amount		Date Pd:	Business Expense Paid	Amount	
1. Gross income received this month.:				2. Total expenses paid this month:			
3. Total income = (# 1 gross)			minus #2 (expense)	TOTAL NET GROSS INCOME			
4. If expenses are more than income, enter -0-. If you are a farmer with \$1,000 or more in earnings each year, enter loss here..							
5.* If you household has more than one self-employment business, total all net gross income from all self employment. The only loss you may enter is a farming loss.. Each entry below should have a separate form 452 to each net total income.							
#1. Net gross		#2. Net gross		#3. Net Gross		TOTAL NET GROSS	
The above is a correct statement of my actual self-employment income and expenses.							
Customer Signature:						Date:	
I have reviewed verification and checked off each allowable item with the customer.							
Worker Signature:						Date:	